QUESTIONS

Please provide us with your thoughts and insights on the questions listed below as you feel appropriate.

A. Establish a Responsive and Efficient Structure

1. Should Connecticut consider joining a multi-state Exchange? Under a regional Exchange, would Connecticut benefit most from a separate or merged risk pool?

The primary emphasis should be on establishing an effective Exchange within Connecticut so as to meet the needs of the small business owner and the individual healthcare consumer who do not have the resources to develop their own healthplan. State authorities should focus on this primary goal before expending significant time and energy on attempting to establish a regional Exchange. A regional Exchange should be considered only after Connecticut's Exchange has been firmly established and has established a proven track record of efficiency and success. Also, a proven track record of efficiency and success on behalf of other state Exchanges should be established before Connecticut considers joining a multi-state Exchange. The states that Connecticut considers "partnering with" should have the same state insurance mandates that Connecticut has and if not these states should "step up " to Connecticut's insurance standards before any Regional Exchange is created.

Whether or not under a regional Exchange Connecticut would benefit from a separate or merged risk pool, would depend, it would seem, on whether or not the demographics and costs associated with the risk pool of Connecticut's potential Exchange partners differs greatly from Connecticut's risk pool. If the demographics are similar, there may ultimately be some advantage (economy of scale and spreading risk) to achieving a larger risk pool theoretically offered in a multi-state Exchange environment.

2. Should Connecticut administer the Exchanges for the individual and small group markets separately or jointly? If jointly, should Connecticut maintain separate risk pools for the two Exchanges, or merge the risk pools.

Simplifying the administration, marketing and public education process relative to the establishment of state Exchanges will prove to be important factors that will impact how quickly and efficiently the public embraces the new exchange marketplaces. Many small businesses begin with a single entrepreneur employee (owner) who subsequently is able to expand the small business and employ others. Accordingly, the challenges in obtaining and maintaining affordable health care are similar for both the small business universe and the individual market. The process of simplifying the operations of the Exchange would be enhanced by administering individual and group markets jointly. A merged risk pool would spread risk over a larger and more homogeneous universe and this would be more desirable than creating smaller segmented risk pools.

3. Should Connecticut open the Exchange to businesses with 2-100 employees in 2014, or should it allow businesses with 2-50 employees in 2014 and increase participation to businesses with 51-100 employees in 2016?

Connecticut should open the Exchange to the largest universe of businesses possible (allowable under the PPACA Statute) – as soon as the Connecticut exchange is sufficiently organized to serve these customers and has sufficient resources in place to ensure that participating plans are meeting all established standards relative to consumer protections, benefits and provider participation, including the full applicability of Section 2706 of PPACA.

4. Should Connecticut seek to expand access to businesses with more than 100 employees in 2017, with HHS approval?

Connecticut should concentrate on ensuring an effective individual and small group marketplace first – and then consider expanding participation in the Exchange only after the basic needs of the Exchange are being effectively met, including those consumer and provider protections (noted in our response to question #3 above) -- and that sufficient enforcement mechanisms are in place.

B. Address Adverse Selection and the External Market

1. Should Connecticut allow a dual market, a hybrid market, or should it require that all individual insurance be sold through the Exchange? Under a dual market scenario, what additional rules should Connecticut establish to prevent insurers from discouraging participation in the Exchange? What hybrid models might Connecticut consider, and what characteristics do they offer that would benefit Connecticut?

Connecticut should encourage "simplification" and general uniformity of the marketplace and Exchange process -- and this would be somewhat achieved by requiring all individual insurance (major medical policies) to be sold within the Exchange, and avoiding a duel market for major medical policies. Adoption of such a policy would significantly prevent insurers from discouraging participation in the Exchange. For specialty or supplemental policies (other than major medical coverage) Connecticut could consider a hybrid approach, provided Connecticut does not surrender its regulatory authority over the marketing of such policies.

2. Are there any additional mechanisms to mitigate adverse selection that Connecticut should consider implementing as part of the Exchange?

Again, "uniformity" and "ease of understanding" of the marketplace on behalf of the consumer are key factors in helping to ensure the success of the exchange along with educated decision making on behalf of the consumer. A single (Exchange regulated) market for major medical policies would help ensure uniformity of standards and the effective application of educational and enforcement mechanisms that need to accompany the operation and growth of the Exchange and would help mitigate against adverse selection.

3. How should the temporary reinsurance program be approached in Connecticut? What issues should Connecticut be aware of in establishing these mechanisms?

To the extent it is practical to do so, the consumer should be provided with the maximum amount of flexibility to participate in the mechanism if desired. Connecticut may have to engage in considerable consumer outreach and education to effectively inform consumers of the purpose and availability of the temporary reinsurance program, until the universe of high risk pools are effectively blended into the broader Exchange delivery mechanism.

C. Simplify Health Insurance Purchase

1. What issues should Connecticut consider in establishing a Navigator program?

Connecticut should strive for simplification of educational materials and the widespread availability of these materials to consumers. It must be ensured that "navigator" programs are developed and implemented with the maximum amount of transparency possible. A program to "certify" authorized

Navigator groups, personnel and "agents" should be established – again with the maximum amount of transparency as possible and the ability to "audit" the effectiveness and compliance of the "Navigator" groups and personnel to ensure compliance with all established standards.

2. What should Connecticut consider regarding the role of insurance brokers and agents?

A process could be established by which they could qualify as "certified" representatives/agents within the Navigator framework. Such a process should ensure transparency and eliminate any carrier or provider bias.

D. Increase Access to and Portability of High Quality Health Insurance

1. Should Connecticut allow any plan that meets Qualified Health Plan standards to be available in the Exchange, or should Connecticut establish additional requirements? If additional requirements, what would you recommend? What would be impact of those requirements?

It would seem reasonable and appropriate to allow any plan that meets the QHP standards to be available within the Exchange. A major area of focus should be on the "effective" implementation of those standards and the monitoring of the process to ensure appropriate compliance with the standards. Whether additional standards should be considered is a question that probably cannot be fully answered until federal regulations dealing with essential benefits and provider participation (Section 2706) have been promulgated. For example, if the essential benefits offered (as defined by regulation) for the QHPs are found to be inadequate, then Connecticut could mandate the provision of those services and benefits that would address any such deficiency. The intent of the Exchange should be kept in mind when creating "what it will look like in CT": A High Quality Cost Effective Health Plan with Connecticut's Insurance mandates, that the small business owner and "solopreneaur" currently do not have the means to secure.

2. Should Connecticut consider establishing the Basic Health Program? What would the Basic Health Program offer as a tool to facilitate continuity of coverage and care?

Yes, but only if (or when) it can be demonstrated that Connecticut will be able to effectively establish and operate the basic Exchange structure and properly administer those plans functioning within it.

3. How would the Basic Health Program impact other related programs in Connecticut?

It would appear as if the BHP would add to the overall attractiveness of the Exchange structure and might have potential to increase the risk pool. The BHP should only be considered if it is gauged that it will have a positive overall impact on the strength, attractiveness and efficient functioning of the overall Exchange.

4. How can Connecticut structure its Exchanges to maximize continuity of coverage and seamless transition between public and private coverage? (E.g. as a person moves from Medicaid, subsidized and non-subsidized markets)

The Exchange should be structured with as much simplicity and transparency as possible – and with the maximum practical amount of consumer education so that participants are able to enter and maneuver through the Exchange process with as much ease as possible. The information technology side of the Exchange can consider various electronic personal health record technology for access and ease of use by the provider entities.

E. Ensure Greater Accountability and Transparency

1. What information should Connecticut include for outreach to most effectively engage consumers? How should the information be presented?

Connecticut should attempt (to the practical extent possible) to identify the precise universe of individuals eligible (or likely to become eligible) to participate in the Exchange and to concentrate marketing and educational materials on that universe of individuals. All licensed health care providers should be provided with standardized educational materials for distribution to patients, as providers will be a primary source of "informed" contact with consumers. Accordingly, special efforts should be undertaken to ensure that providers are properly educated and have a reasonable voice in the establishment and operation of the Exchange. Connecticut should establish a series of public "educational workshops" for the entire provider community and should cooperate with provider groups and provider "Associations" in conducting such workshops. Sources such as the NAIC should be tapped to make recommendations as to specific disclosures and information that should be made accessible to the public.

2. How should Connecticut ensure ongoing feedback and input about accountability, operational issues, and suggested improvements?

Connecticut could consider requiring all insurers to contract with approved, independent "third party" vendors to conduct periodic surveys of patients/beneficiaries and others, along with program "audits" to ensure overall plan compliance and to identify problem areas and deficiencies that might develop. These "audits," inspections and surveys (carried out at least annually) would augment compliance and enforcement related activities that would be directly carried out by Connecticut state personnel. The results of these independent reviews and information gathering efforts should be made public and advertised in a manner that fully protects patient confidentiality. Regularly scheduled (and well publicized) public "hearings" should be held on a routine basis throughout the state (for the foreseeable future) as one mechanism to allow a formal avenue for public witnesses, consumers and other affected parties to surface up concerns, complaints and/or suggestions for improving the operation and effectiveness of the Exchange. Additionally, Connecticut should consider how the use of social media might impact the transmission of information, communication and marketing. Connecticut could possibly have a consumer rating system on the Exchange website, much like the hotel market does on it's various sites, where consumers make comment on the maintenance of the hotel, cleanliness, staff friendliness, etc.

3. What information, beyond that required under the ACA and implementing regulations, should Connecticut require of plans? How much of this information should be shared with consumers accessing the Exchange?

If the implementing regulations are thorough, then little if any additional information might be required. Specific and detailed annual reports on the implementation of certain portions of PPACA, including specifically plan implementation of Section 2706. All required information should be shared if possible. Plans should be required to "grade" their compliance with each requirement and to identify if compliance issues exist and what specific action the plan intends to take in order to address outstanding issues. Connecticut should consider requiring each plan to establish an "Implementation Board," that would include one provider representative from each discipline (chiropractic, naturopathic, allopathic, etc) and a "public" representatives to help oversee or advise the plan on implementation and consumer protection issues. Plans would be encouraged to "partner" with public

institutions (such as colleges and universities) with established track records of public interest activities and institutional credibility to help advise or take part in the "Implementation Board" process of monitoring plan compliance.

F. Self-Sustaining Financing

1. How should the Exchange's operations be financed beginning in 2015?

Financing should be achieved through a fully transparent process utilizing appropriated state funds, possibly to be augmented by an approved "user fee" mechanism, specifically dedicated to the Exchange operation. The current 10% agent fee could be reduced for subsequent years of enrollment after the initial year of enrollment.

2. How might the state's financing strategies encourage or discourage participation in the Exchange; affect the reputation of the Exchange; and affect accountability, transparency, and cost-effectiveness?

These strategies should be "fair" – open to public scrutiny and influence – and should not fall completely on a single entity or industry group, but should be spread over a large universe of affected parties and participants in the Exchange.

3. What issues should be considered regarding state requirements for additional benefits above the minimum essential benefits? What funding sources should be considered for the cost of additional benefits?

Sadly, what most reasonable people consider "inconceivable" sometimes takes place. For example, it is inconceivable that any major medical policy (plan) would not include treatment of spinal-related maladies (including back and neck pain), as the spine is the most complicated and largest joint structure comprising the human body, and spinal maladies (and related neuro-musculoskeletal conditions) are common and widespread within the consumer public. To those fully educated as the appropriate treatment of spinal-related conditions it would appear equally "inconceivable" that non-surgical and non-pharmaceutical treatment options, including spinal manipulation as practiced by Doctors of Chiropractic would not be included in the basic benefits package. Indeed, proper implementation of Section 2706 should help ensure this – however, Connecticut should specifically ensure that non-surgical and non-pharmaceutical treatment options are specifically made available in all Exchange plans. The guaranteed availability of such treatment options would enhance the likelihood of: 1) reducing overall health care spending; 2) increasing consumer choice of treatment options; 3) improve outcomes; 4) reduce medical errors associated with more complex and risk-inherent surgical and hospital-based interventions; and 5) measurably increase consumer satisfaction, a key element in gauging and ensuring the delivery of quality care.

G. Under the ACA, an Exchange is responsible for performing a specified list of functions. However, many decisions are left to the states.

1. Beyond the Exchange's minimum requirements, are there additional functions that should be considered for Connecticut's Exchange? Why?

Connecticut must invest sufficient resources to ensure wide-spread, good-faith compliance on behalf of insurers in particular and to develop and maintain adequate enforcement ability to protect consumers and health care providers from insurance industry abuse. Additionally, medical-loss ratios

should be advertised in an easy to understand manner so the consumer can digest the information and make well-thought-out decisions.

Ensuring transparency and greater patient involvement in health care are two overarching goals of PPACA. We believe those same principles should be applied to the essential benefits package. Here, we suggest the development of a template certificate of coverage, or summary plan description, for health insurers. The template could list the ten categories of services outlined in PPACA and beneath each category list the essential benefits mandated by HHS. By requiring qualified health plans to use a template certificate of coverage, HHS could more easily determine if the benefits offered by the plan meet the requirements of PPACA. This consistency in certificates of coverage would also be helpful to patients who may be attempting to compare coverage in order to determine which health plan is best suited to their needs. Additionally, this type of template would ensure that qualified health plans are clearly communicating to patients that the services listed under "essential benefits" must be made available to them if they are receiving services from any health care provider acting within their scope of practice under state law, without discriminatory restrictions or limitations.

If Connecticut is looking for a potential model for a template certificate of coverage, they could consider reviewing the Blue Cross Blue Shield Federal Employee Program Service Benefit Plan Brochure. This information delineates covered services in a clear and easy to understand manner. The format of the BCBS brochure could be used as a guide for HHS' template certificate of coverage for qualified health plans.

2. Are there advantages to limiting the number of plans offered in the Exchange, or is the Exchange a stronger marketplace if it permits "any willing provider" to sell coverage?

Ultimately, the Exchange would benefit from expanding the size of the risk pool and the number of participants that participate in the Exchange marketplace. Accordingly, participation or eligibility of plans (insurance providers) should be encouraged, provided compliance can be effectively monitored and that effective enforcement action can be taken against non-complying or under-complying plans.

3. Should Connecticut consider setting any conditions for employer participation in the small group exchange (e.g. minimum percent of employees participating, minimum employer contribution, limits in the range of product benefit values that may be selected by employees, etc)?

The process and adopted requirements should encourage broad access to and participation in the Exchange.

4. What are some of the initiatives that could maximize flexibility and offer a value for small business employers to utilize the Exchange?

Simplicity of the engagement/participation process, i.e. easy to understand marketing materials about the services available, how to access services, fees, etc. – with ample educational and compliance opportunities for small businesses, plus a clearly defined mechanism for businesses to access information, resolve problems and to assist employees with any "appeal" or "denial of care" issues that might develop as well as access to care issues.

5. What should be the role of the Exchange in premium collection and billing?

A primary role should be to ensure that the process is fair, transparent, efficient and auditable.

6. What are all the different data collection and reporting mechanisms that are necessary to operate a transparent and accountable Exchange?

As a minimum, those specified by PPACA should be effectively implemented. Throughout the implementation of the Exchange, Connecticut should survey and establish relationships with other state Exchanges to compare notes and better learn what problem areas develop and what, if any, additional standards or requirements should ultimately be incorporated into the Exchange marketplace based on real-world results and experiences of other states as well as the Connecticut experience.